

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009815</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>07/11/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WAY-FAIR NURSING &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>305 N.W. 11TH STREET FAIRFIELD, IL 62837</b>		
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S 000	Initial Comments  Annual Licensure, and Certification Extended Survey Conducted	S 000			
S9999	Final Observations  STATEMENT OF LICENSURE VIOLATIONS  300.610a) 300.1010b) 300.1210a)b)c) 300.1210d)3) 300.1220b)8) 300.3240a)  Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.1010 Medical Care Policies b) The facility shall have and follow a written program of medical services which sets forth the following: the philosophy of care and policies and	S9999			

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/29/16

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S9999	<p>Continued From page 1</p> <p>procedures to implement it; the structure and function of the medical advisory committee, if the facility has one; the health services provided; arrangements for transfer when medically indicated; and procedures for securing the cooperation of residents' personal physicians. The medical program shall be approved in writing by the advisory physician or the medical advisory committee.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures</p>	S9999			

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S9999	Continued From page 2  shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.  d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis  3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.  Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 8) Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. This person may conduct these programs personally or see that they are carried out.  Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)	S9999		

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S9999	<p>Continued From page 3</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide nursing services to aid in prevention of aspiration pneumonia: these failures include failing to follow the facility policy for reporting a change in a tube fed residents, not reporting a change in condition to the physician, including vomiting and failing to stop infusion of the enteral feeding formula when directed by the care plan and maintaining the head of bed elevated at least 30 degrees for 2 of 2 residents (R5, R14) reviewed for gastric tube feeding in the sample of 16 and one resident (R30) in the supplemental sample.</p> <p>These failures led to the hospitalization and diagnoses of aspiration with early aspiration pneumonitis for R14 on 04/27/16. R14 returned from the hospital on comfort care only, all IV (Intravenous) fluids, PEG (Percutaneous Endoscopic Gastrostomy) tube feedings and IV antibiotics discontinued. R14 expired on 5/1/16. The failures were repeated on 5/11/16 and 5/17/16 with R5's emesis not being reported to the physician and failing to suspend the tube feeding infusion as required. The continued lack of assessment, notification and failure to follow procedures places residents (R5 and R30) currently fed by enteral feedings, as per July 2016 physician's orders are at risk for harm including aspiration. Although the facility had identified the failure of E11 on 4/27/16, investigated, and implemented corrective measures the facility</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>failed to re-evaluate to ensure that all nurses and nursing staff were educated on gastric tube care and standards of practice and these failures were repeated on 5/11/16 by E11 (Licensed Practical Nurse) and on 5/17/16 by E16 (Registered Nurse).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The Physician Order Sheet dated 04/01/16 notes R14 was admitted to the facility on 2/26/16 with multiple diagnoses including: Quadriplegic, Contractions of hands and feet, Urine retention, Sepsis, History of Pneumonia Traumatic Brain Injury.</li> </ol> <p>R14's care plan dated 3/1/16 states Resident is dependent on Percutaneous Endoscopic Gastrostomy (PEG) tube feeding for all nutrition and hydration. R14 does not receive any medication or nutrition by mouth. The approaches related to this need included: "Hold feeding if diarrhea or emesis, notify MD (Medical Doctor)" and "Keep head of bed elevated at 30 degrees", "Observe for signs and symptoms of aspiration."</p> <p>The facility presented policy's dated 8/1/15 regarding Tube Feedings for: Gastrostomy Tube Replacement, Verifying Placement of Feeding Tubes, Checking Gastric Residual, Gastrostomy/Jejunostomy Skin Care, Continuous Tube Feeding, Administering Medications and Flushing Feeding Tubes; none of these policies included using a Foley catheter instead of gastrostomy tube, or any emergency procedures to follow. The Policy and Procedure Change in Condition dated 8/1/15 states in part: Procedure:</p> <ol style="list-style-type: none"> <li>1. The physician and Durable Power of Attorney/responsible party will be notified when</li> </ol>	S9999			

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S9999	<p>Continued From page 5</p> <p>there has been a change that is sudden onset, a change that is a marked difference in usual sign/symptoms and/or the signs/symptoms are unrelieved by measures already prescribed: 2. Specific information that requires prompt notification include..... b. Prolonged/unresolved emesis.... o. A need to transfer the resident to a hospital/treatment center; r. Instructions to notify the physician of changes in the resident's condition.</p> <p>Nursing notes dated 4/27/16 at midnight state: "This nurse went to flush res (resident) G-tube and G-tube had come out. MD notified and gave order to replace with F/C (indwelling catheter) and to consult Z1 (Surgeon). F/C inserted without difficulty. No s/s (signs or symptoms) of distress." A further nursing note dated 4/27/16 at 6:30am states: "Given in report that resident had 2 emesis since putting Foley - no x-ray had been gotten to check placement nor had 2 emesis been reported to on call. This nurse answered call light to residents room - roommate had put light on to let someone know about roommate - resident had a dried towel full of brown emesis on lap, on face and chest - res starts profuse vomiting out mouth and trachea site - Gurgles noted ??? - on call called - number out of service - attempted to call E14 (Physician/ Medical Director) twice - call Z2 (Doctor)- gave order to send to ER - O2 (oxygen) applied O2 sat 78 - 80 % - Blood Pressure 110/58 - Pusle 97 - Temp.100, Resp. 18-22. Resident to ER via gurney, and nurse report called to ER nurse."</p> <p>The hospital discharge summary dated 4/30/16 for R14 documents admission diagnoses: 1. Aspiration with early aspiration pneumonitis. 2. Urinary tract infection with urosepsis with elevated lactic acid and markedly elevated pyuria.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>3. Quadriplegia with aphasia secondary to prior accident. 4. Hypernatremia.</p> <p>The discharge plan : At this point, the patient will be transferred back to facility on comfort care only. We will discontinue IV fluids, PEG tube feedings and IV antibiotics. We will continue IV morphine and Lorazepam PRN (as needed). We will add scopolamine patch . Continue oxygen, and we will do our best to keep him comfortable.</p> <p>The hospital Patient Discharge Summary Report dated 4/30/16 states as Diagnosis: Pneumonitis due to inhalation of food.</p> <p>The death certificate for R14 dated 5/10/16 documents R14 died on 5/1/16 and the cause of death is noted as: Aspiration Pneumonia.</p> <p>An undated Investigation summary regarding R14 documents nurses will receive education on documentation for change of condition, when to notify physician. Also, they will receive disciplinary action for failure to perform job safely, satisfactorily and efficiently. Continuing Education was documented for nursing staff dated 4/29/16 related to Enteral Tube: Checking placement residual and Care of. A Performance Correction Notice for E11( LPN) dated 05/05/16 was written for failing to chart vital signs for a resident with signs and symptoms of distress. A second Performance Correction Notice for E11 dated 05/05/16 was written for Neglecting to provide care. The notation states "tube placement wasn't charted with insertion of catheter with g tube removal. Did not clarify order, resume/hold tube feeding . Did not call MD with change of condition/ vomiting.</p> <p>There was no documentation available for review</p>	S9999			



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S9999	<p>Continued From page 7</p> <p>that the facility reevaluated the nursing staff on following the policy and procedures reviewed 4/29/16 continuing education course. The 4/29/16 inservice documentation has 10 nurse's signatures. The facility provided a list of the 14 nurses employed. The inservice documentation did not include: E11 or E16. (Registered Nurse) There was no documentation to confirm that these nurses were initially reeducated. E16 stated on 7/5/16 at 9:45am that she has had no inservice education regarding enteral feeding or physician's notification. No evidence that Certified Nurse Aides received inservice education regarding care of residents with enteral feedings.</p> <p>E14 (Physician/Medical Director) stated via telephone on 6/29/16 at 3:50pm that he had been informed in the early morning of 4/27/16 that R14's PEG tube had become dislodged. E14 told E11 to replace the tube with an indwelling catheter tube. E14 stated this was done to keep it open until the surgeon could replace it. E14 indicated he believed he had a standing order not to continue the feeding while using the indwelling catheter tube. E14 stated I don't know if that contributed to R14's change in condition. E14 indicated he was not aware of R14's vomiting until later in the morning of 4/27/16 while performing hospital rounds. E14 said if I had been informed of the vomiting earlier we might have known to stop the tube feeding. R14 is high risk for aspiration and has had his head elevated when I have seen him in the nursing home. It only takes one time to vomit to aspirate. We would have watched him more closely if they had told me E14 was vomiting. Usually aspiration doesn't show up until the next day. If I remember right we admitted E14 because his sodium level was</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>high. Review of physician standing orders for the facility on 6/30/16 found no reference to enteral feeding.</p> <p>E17 (Certified Nurse Aide) stated via phone on 6/29/16 at 2:30pm that she had reported to work at 10:00pm and was the float aide for the night. E17 stated that early in the night R14 had looked at them when R14's name was called but later appeared sick and would not look at them. E17 stated that E11(License Practical Nurse) had put a catheter tube in for R14's PEG tube and restarted the feeding. E17 indicated that R14 began projectile vomiting at sometime after their lunch time and she had cleaned R14 up. E17 stated the nurse did not know what to do and gave R14 a breathing treatment. E17 stated that E11 did not contact the physician. At the end of the shift E17 stated R14 had increased vomiting that was coming from the nose, trachea opening (stoma from a discontinued tracheostomy) and mouth. E17 indicated the vomit was brownish - reddish and no bright red blood was seen.</p> <p>E11 stated on 6/30/16 at 9:00am, that around midnight on 4/27/16, R14's Gastric tube was out. E11 stated that she called E14 (Medical Director) and reported the Gastric tube was out and he gave orders to put in a 14 French catheter. E11 stated that she started the tube feeding after she checked for placement of R14's Gastric tube by checking residual and E11 stated she also checked for placement by auscultation. E11 stated that R14 vomited one time and she checked R14's lung sounds for gurgling and crackles and did not hear any unusual lung sounds. E11 stated that R14 vomited one more time before she gave E9 (Registered Nurse)</p>	S9999			

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S9999	Continued From page 9  report. E11 also stated that she did not contact E14 about the emesis or get an X-ray to verify placement of the 14 French catheter, nor did E11 review the facility policies regarding Gastric tubes. E11 stated that the head of R14's bed was elevated and she elevated R14's bed higher when he started vomiting. E11 stated that she can't remember Certified Nurse Aides (CNA) names that were working that morning, but they had cleaned vomit from R14's face and clothing. E11 also stated that she was inserviced about not calling R14's doctor concerning the Gastric tube.  On 06/29/2016 at 6:15 PM, E9 (Registered Nurse) stated that E11 told her in shift change report that R14's Gastric tube came out and E11 notified E14 and she received an order to insert a 14 French catheter which she did. E11 reported to E9 that R14 vomited one time and she waited a little while then started the G-tube feeding. E9 stated that she asked E11 if she had notified R14's doctor about the emesis and if E11 got an X-ray to verify placement of the G-tube, and E11 stated, "no." E9 stated that she went down the South and East halls to answer call lights and noticed that R14's call light was on and E9 stated that she knew R14 hadn't turned it on, so E9 hurriedly went to his room. E9 stated that R14 was lying almost completely flat and was gurgling and she immediately elevated R14 to a complete sitting position and when E9 elevated R14's bed, he began to projectile vomit, had feeding formula coming out of his nose, mouth, and an old tracheostomy stoma that was not being used. E9 also stated that when she entered into R14's room there was a towel lying over him that had dried, coffee ground colored emesis. E9 stated she immediately notified the Emergency room doctor, (couldn't remember his name) because she couldn't reach E14 by phone. On 06/30/2016	S9999		

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S9999	<p>Continued From page 10</p> <p>at 9:50 AM, E9 stated that she couldn't remember an inservice being given about Gastric or Nasogastric tubes.</p> <p>2. The June, 2016 Physician's Orders state R5 has a diagnosis of Left Hemiplegia with Aphasia and Dysphasia. The orders state R5 has a gastric feeding tube with orders for Jevity 1.5 Calories of Liquid to run at 60 centimeters (cc's)/hour per the GT for 20 hours everyday. On 05/10/16 at 0345 Nurse's Note signed by E11 stated, "Res (Resident) had emesis x 1. Res cleaned up and had no further emesis. Tolerated feeding and meds well. No signs/symptoms of distress. (E1 stated on 06/30/16 at 11:00AM, the note should be dated 05/11/16.) A 05/17/16 10PM-6AM Nurse's Note signed by E16 stated, "Resident had one episode of emesis at 0130-no further episodes." The Nurse's Notes do not state if the tube feeding was stopped during the episodes of emesis, if tube placement was checked or if the physician was notified. R5's 09/22/15 Gastric Tube Resident Care Plan (Reviewed 03/14/16) states, "Hold feeding if diarrhea or emesis, notify MD (Medical Doctor)."</p> <p>A. The Facility maintains that residents who are fed by naso- gastric or gastrostomy tube receive appropriate treatments and services to prevent aspiration pneumonia , diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal pharyngeal ulcers and to restore, if possible, normal eating.</p> <p>Education to all nurses on Gastrostomy Policies began on 06/30/16 concluding on 07/10/16; included the following: Administering Medications</p>	S9999			

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S9999	<p>Continued From page 11</p> <p>Checking Gastric Residual GTube/J Tube Skin Care GTube Replacement Continuous Tube Feeding Flushing Tube Feeding Verifying Placement of Feeding Tubes Change in Condition Care Path GI Symptoms Signs and Symptoms of Aspiration Keeping the Head of the Bed elevated 30 degrees or greater at all times. E11 (Licensed Practical Nurse) identified for not receiving education on prior incident was educated prior to starting her shift the evening of 06/30/16 and again on 7/8/16.</p> <p>Education provided to nurses by E2(Director of Nursing), E8 (Assistant Director of Nursng), E22 (Minimum Data Set/Care Plan Coordinator) and E1 (Administrator). Effective 7/3/16 no nurse returned to work without receiving the above education. Additional education on Gastrostomy tubes was provided again on 7/8/16, 7/9/16 and 7/10/16.</p> <p>Education to all Certified Nurse Aides began on 06/30/16 concluding on 07/06/16 included the following: Signs /Symptoms of Aspiration Keep head of bed elevated 30 degrees or greater at all times.</p> <p>Education provided to Certified Nurse Aides by E2, E8, and E22. Effective 7/6/16, no Certified Nurse Aide returned to work without receiving the above education.</p> <p>Documentation on residents with gastric tubes each shift began effective 7/2/16 and will continue.</p> <p>Review of residents with gastric tubes charts,</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009815</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/11/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WAY-FAIR NURSING &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>305 N.W. 11TH STREET FAIRFIELD, IL 62837</b>		
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S9999	<p>Continued From page 12</p> <p>Medication Administration Record and Treatment Record, by Nurse Manager or designee effective 7/5/16 and will continue.</p> <p>Effective 07/06/16 any non-compliance with policy will be addressed upon identification with employee through continued education, return demonstrations and /or disciplines up to termination where appropriate.</p> <p>B. R5 and R30 were observed during the survey on 06/30/16 at 3:00PM, 07/05/16 at 10:00 AM, 07/07/16 at 1:45 PM, with the head of their beds elevated, between 30 and 45 degrees. They were alert, calm and quiet. They were not vomiting. Their breathing was not labored. Their skin color was pink. On 07/05/16 at 2:00 PM, E 20 (RN) cleaned R5's gastric tube. R5 was alert and comfortable. The gastric tube was intact. The enteral feeding was infusing. R5's skin was clear.</p> <p>C. R5 and R30's Nurses Notes had entries each shift, each day starting on 07/02/16.</p> <p>D. During interviews on 07/07/16 from 1:20 PM to 2:30 PM , the following Certified Nurse Aides stated they received training last week regarding elevating the head of the bed and signs of aspiration for residents who are tube fed. E4, E20 and E37 who work day shift. E4 and E31 who work evening shift and E33 who works night shift.</p> <p>Between 1:20 PM and 2:30 PM, on 07/07/16 the following nurses could identify signs and symptoms of aspiration, how to care for a resident with a gastric feeding and when to notify the doctor of changes in residents condition. The nurses knew to elevate the head of residents beds at least 30 degrees if they are receiving</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009815</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/11/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WAY-FAIR NURSING &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>305 N.W. 11TH STREET FAIRFIELD, IL 62837</b>		
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S9999	<p>Continued From page 13</p> <p>enteral feedings. E30 night shift nurse and E10 day/evening shift nurse stated that they received training on Gastronomy tubes and could identify signs of aspiration, a change in condition and when to notify the doctor, and knew to elevate the head of the bed at least 30 degrees if a resident is receiving enteral feedings. On 7/11/16 at 9:00 AM, E1 stated that all Registered nurses and Licensed Practical nurses received additional training on Gastronomy tubes from 7/8/16 through 7/10/16 and that included a Pre-test and Post-test to ensure they know the signs of aspiration, what constitutes a change in resident condition, and when to notify the residents physician.</p> <p>(AA)</p> <p>300.615 e) Determination of Need Screening and Request:</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>This requirement was not met as evidenced by:</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009815	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  07/11/2016
NAME OF PROVIDER OR SUPPLIER  WAY-FAIR NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 305 N.W. 11TH STREET FAIRFIELD, IL 62837		
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S9999	<p>Continued From page 14</p> <p>Based on record review and interview the facility failed to perform resident background checks within 24 hours of admission for 1 of 1 resident (R2) in the sample of 16 reviewed for admission background checks and 2 residents (R32, R34) in the supplemental sample.</p> <p>Finding include:</p> <p>On 06/29/16 at 11:45AM, the resident background checks were reviewed with the following documented:</p> <ul style="list-style-type: none"> <li>-R32 was admitted to the facility on 05/31/16 and the Criminal History Background Check was not done until 06/08/16.</li> <li>-R34 was admitted to the facility on 05/20/16 and the Criminal History Background Check was not done until 05/24/16.</li> <li>-R2 was admitted to the facility on 05/18/16 and the Criminal History Background Check was not done until 05/20/16.</li> </ul> <p>At this time, E24 (Office Manager) stated she forgot to do the background checks on R32 and R34 and the website was down when she tried to run R2's background check on 05/18/16. E24 stated she is not sure why it was done on 05/19/16.</p> <p>(AW)</p>	S9999			



## **Imposed Plan of Correction**

**Facility Name:** Way-Fair Nursing and Rehab Center

**Survey Date:** July 11, 2016

**Type of Survey:** Annual

**Violation:** AA

300.610a)

300.1010b)

300.1210a)b)c)

300.1210d)3

300.1220b)8

### **Section 300.610 Resident Care Policies**

- a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

### **Section 300.1010 Medical Care Policies**

- b) The facility shall have and follow a written program of medical services which sets forth the following: the philosophy of care and policies and procedures to implement it; the structure and function of the medical advisory committee, if the facility has one; the health services provided; arrangements for transfer when medically indicated; and procedures for securing the cooperation of residents' personal physicians. The medical program shall be approved in writing by the advisory physician or the medical advisory committee.

**Attachment B**  
**Imposed Plan of Correction**

### **Section 300.1210 General Requirements for Nursing and Personal Care**

- a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)
- b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.
- c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.
- d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

### **Section 300.1220 Supervision of Nursing Services**

- b) The DON shall supervise and oversee the nursing services of the facility, including:
  - 8) Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. This person may conduct these programs personally or see that they are carried out.

This will be accomplished by:

- I. A committee consisting of, at a minimum, the Medical Director, Administrator, and Director of Nursing will review and revise the policies and procedures regarding Gastric Tube

Feeding. This review will ensure that the facility's policies and procedures address, at a minimum, the following:

1. Care of residents who are tube fed.

For nurses this will include:

- A. Administering medications
- B. Checking gastric residual
- C. GTube/JTube skin care
- D. GTube replacement
- E. Continuous Tube Feeding
- F. Flushing Tube Feeding
- G. Verifying Placement of Tube Feedings
- H. Change in Condition
- I. Care Path GI Symptoms
- J. Signs and Symptoms of Aspiration
- K. Keeping the Head of the Bed elevated 30 degrees or greater at all times.

For certified nurse aides this will include:

- A. Signs and Symptoms of Aspiration
- B. Keeping the Head of Bed elevated 30 degrees or greater at all times.

II. The facility will conduct mandatory inservices for nursing staff that addresses, at a minimum, the following:

A. All nursing staff will be informed of their specific responsibilities and accountability for the care provided to tube-fed residents.

B. All nursing staff will be in-serviced on updated Policies and Procedures for Care of Residents who are tube-fed.

III. Through the following measures, the facility will monitor effectiveness and compliance with this Plan of Correction:

A. Director of Nursing and/or designee will monitor nurses performing tube feeding to residents receiving tube feeding are done per policy and procedure. The monitoring will take place as follows: Five (5) times weekly for at least four (4) weeks, and must be in combination of all three shifts. Then, three (3) times weekly for four (4) week, then weekly times four (4) weeks, and as needed on an on-going basis.

B. Any deficient practice will be corrected immediately and any negative outcomes will be notified to the physician, resident, and POA and brought to the QA Committee for further review.

Completion Date: Ten days from receipt of the notice of the Imposed Plan of Correction

9/1/16 np